

Arizona Influenza Pandemic Response Plan
Supplement 11: Workforce Support – Psychosocial Considerations and
Information Needs

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I. RATIONALE

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to healthcare providers, public health officials, and other emergency responders and essential service workers. Critical stress levels may reach varying degrees of severity among healthcare providers and emergency responders through the duration of the response as well as the recovery phases of a pandemic. These critical stress levels may persist for more than a year. Experience with disaster relief efforts suggests that enhanced workforce support activities can help responders remain effective and proactive during emergencies.

Medical and public health responders and their families will be at personal risk for as long as the pandemic continues in their community. Special planning is therefore needed to ensure that hospitals, public health agencies, first-responder organizations, and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with governmental, community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training.

II. OVERVIEW

The objective of supplement 11 is to ensure healthcare providers, public health officials, and other emergency responders and essential service workers reside in the safest and healthiest environment possible by addressing the psychological and social (“psychosocial”) needs of the occupational groups that will participate in the response to an influenza pandemic in Arizona.

III. CONCEPT OF OPERATIONS

During regular business operations, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is a publicly funded behavioral health system that serves children, families and adults who are at or below the federal poverty level.

However, as stated in the Arizona State Emergency Response and Recovery Plan (SERRP), during natural or human caused incidents that require state assistance, guidance and/or recovery funding ADHS/DBHS is the lead agency for the development and coordination of state behavioral health emergency/disaster response plans and services. In addition, ADHS/DBHS will ensure coordination with other state, county, private and volunteer response agencies to prepare intra-agency emergency response plans that include checklists as well as procedural guides.

ADHS/DBHS will assist the Arizona Division of Emergency Management (ADEM) in preparing a Presidential Major Disaster Declaration request to ensure that behavioral health services support is requested.

The ADHS/DBHS will also manage and perform the following operational support functions during an emergency such as an influenza pandemic:

- Assist in the preparation of an application for and attainment of federal grants (Federal Emergency Management Agency (FEMA), etc.) to fund immediate crisis counseling needs of the population and work force suffering from the pandemic emergency as well as grants to fund ongoing behavioral health and substance abuse service needs during the response and recovery phases.
- Managing contracts with behavioral health service providers including reporting emergency behavioral health service provision, funding expenditure and reimbursement, and the outcome of service provision.
- Managing emergency pandemic grants and funds including reporting emergency behavioral health service provision, funding acquisition and expenditure, and the outcome of service provision.
- Overseeing the quality of care provided by behavioral health service providers directly, or through contracted regional behavioral health authorities.
- Maintaining surveillance of behavioral health needs and efforts undertaken in order to adjust behavioral health service provision to meet the workforces demand
- Provide guidance on development of appropriate behavioral health information messages to the ADHS communications team (see Supplement 10).

IV. THE INTERPANDEMIC AND PANDEMIC ALERT PERIODS

Planning activities for the Interpandemic and Pandemic Alert Periods focus on the establishment of statewide psychosocial support services that will help workers manage emotional stress during the response to an influenza pandemic and resolve related personal, professional, and family issues.

A. Institutionalizing Statewide Psychosocial Support Systems

ADHS will assist local health departments, hospitals and healthcare organizations in planning for the provision of psychosocial support services that include the following activities:

- Sharing of information and available tools and systems.
- Encouraging the use of tools and techniques for supporting staff and their families during times of crisis.
- As grant funding is available, offering Basic and Advanced Critical Incident Stress Management (CISM) training for State and local public health and behavioral health staff. This training focuses on behavioral interventions to help employees cope with grief, stress, exhaustion, anger, and fear during an emergency.
- Encouraging the local health departments to establish partnerships and participate in any RBHA outreach activities to the emergency responder community. This purpose of this outreach is to inform these individuals on how to use as well as receive suggestions on how to improve the crisis response system.

B. Preparing Workforce Support Materials

ADHS/DBHS is in the process of developing communication materials to assist Department employees and serve as a resource for the local health departments and other employers of healthcare providers, response workers and providers of essential services. These materials will be prepared utilizing in-house knowledge as well as resources developed by other agencies and entities such as the Centers for Disease Control and Prevention, American Psychological Association, Substance Abuse and Mental Health Services Administration and other behavioral health organizations for distribution during a pandemic. These materials shall be designed to do the following:

- Educate and inform employees about emotional responses they might experience or observe in their colleagues and families (including children) during an influenza pandemic and techniques for coping with these emotions.
- Educate employees about the importance of developing “family communication plans” so that family members can maintain contact during an emergency.
- Describe workforce support services that will be available during an emergency, including confidential behavioral health services and employee assistance programs.
- Answer questions about infection control practices to prevent the spread of influenza in the workplace (see Supplement 4)

C. Developing Workforce Resilience Programs

ADHS and local health departments need to establish their own workforce resilience programs that will help deployed workers to prepare for, cope with, and recover from the social and psychological challenges of emergency work. To prepare for implementation of workforce resilience programs to cope with the special challenges posed by an influenza pandemic, state and local response agencies should include the following components:

- Plan for a long response (i.e., more than 1 year).
- Identify pre-deployment briefing materials.
- Augment employee assistance programs (EAP) with social support services for the families of deployed workers.
- Provide program administrators and counselors with information on:
 - Cognitive, physiological, behavioral, and emotional symptoms that might be exhibited by patients and their families (especially children), including symptoms that might indicate severe mental disturbance.
 - Self-care in the field (i.e., actions to safeguard physical and emotional health and maintain a sense of control and self efficacy).
 - Cultural (e.g., professional, educational, geographic, ethnic) differences that can affect communication.
 - Potential impact of a pandemic on special populations (e.g., children, ethnic or cultural groups, the elderly).

V. THE PANDEMIC PERIOD

Actions for the Pandemic Period focus on the delivery of statewide psychosocial support services to response workers, provision of occupational health information to healthcare providers, and implementation of workforce resilience programs.

A. Delivering Psychosocial Support Services

Healthcare facilities, ADHS and local health departments - as well as companies and local governments that employ essential service providers need to make full use of self-care and behavioral health interventions that can help response workers manage emotional stress, family issues and build coping skills and resilience. These approaches and tools can include:

- Stress control/resilience teams in hospitals should observe recommended infection control precautions as well as assist and support employees and foster cohesion and morale by:
 - Monitoring employee health and well-being (in collaboration with occupational health clinics, if possible).
 - Staffing “rest and recuperation sites”.
 - Distributing informational materials.
- Rest and recuperation sites. Sites can be stocked with healthy snacks and relaxation materials (e.g., music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.
- Confidential telephone support lines staffed by behavioral health professionals.
- Services for families. Services to families of employees who work in the field, work long hours, and/or remain in hospitals or other workplaces overnight might include:
 - Assistance with elder care and child care.
 - Help with other issues related to the care or well-being of children.
 - Provision of cell phone or wireless communication devices to allow regular communication among family members.
 - Provision of information via websites or hotlines.
 - Access to expert advice and answers to questions about disease control measures and self care.
- Information for commuters. Workers might need alternative transportation and scheduling (e.g., carpooling, employer provided private transportation, alternate work schedules during off-peak hours) to avoid exposure to large groups of potentially infected persons.
- Services provided by community- and faith-based organizations. Activities of these organizations can provide relaxation and comfort during trying and stressful times.

B. Providing Information to Responders

Healthcare providers, especially those who work in hospitals, are likely to be under extreme stress during a pandemic and will have special needs for open lines of communication with employers and access to up-to-date information. Healthcare facilities should ensure that employees have ongoing access to information on the following:

- International, national, and local progress of the pandemic.
- Work policies related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, transportation, and use of cell phones.
- Family issues, especially the availability of child care.
- Healthcare issues such as the availability of vaccines, antiviral drugs, and personal protective equipment (PPE); actions to address understaffing or depletion of PPE and medical supplies; infection control practices as conditions change; approaches to ensure patients' adherence to medical and public health measures without causing undue anxiety or alarm; management of agitated or desperate persons; guidance on distinguishing between psychiatric disorders and common reactions to stress and trauma; management of those who fear they may be infected, but are not (so-called "worried well"); and guidance and psychosocial support for persons exposed to large numbers of influenza cases and deaths and to persons with unusual or disturbing disease symptoms.
- Because healthcare workers might be called upon to fill in for sick colleagues and perform unfamiliar tasks, healthcare facilities and state and local public health agencies shall provide written instructions for "just-in-time" cross training on essential tasks.

Other occupational groups that might participate in the response to pandemic influenza (including police, firefighters, and community outreach workers) shall have access to information and written materials available on the Department's website and other appropriate Health Alerts that will help them anticipate behavioral reactions to public health measures such as movement restrictions (e.g., quarantine, isolation, closure of public events), especially if such actions are compounded by an economic crisis or abrupt loss of essential supplies and services.

Stigmatization issues - Healthcare workers and other emergency responders shall be provided with information on what to do if they or their children or other family members experience stigmatization or discrimination because of their role in the pandemic influenza response. Hospital public affairs offices should be prepared to address these issues as well.

C. Implementing Workforce Resilience Programs

During an influenza pandemic, state and local response agencies need to implement workforce resilience programs that meet the special needs of emergency workers - including those who continue to report to the same job location but whose assignments shift to respond to the pandemic. Other personnel maintaining essential operations will also need attention. First-

responder or nongovernmental organizations that send employees or volunteers to assist patients in hospitals, non-hospital settings and at home should also establish similar programs.

State and local workforce resilience programs need to provide the following services:

1. Predeployment/assignment

- Conduct briefings and training on behavioral health, resilience, stress management issues, and coping skills.
- Train supervisors in strategies for recognizing signs of stress and maintaining a supportive work environment.

2. During deployment/assignment

- To support responders in the field:
 - Deploy several persons as a team and/or assign “buddies” to maintain frequent contact and provide mutual help in coping with daily stresses.
 - Frequently monitor the occupational safety, health, and psychological well-being of deployed staff.
 - Provide access to activities that help reduce stress (e.g., rest, hot showers, nutritious snacks, light exercise).
 - Provide behavioral health services, as requested.
- For essential operations personnel:
 - Enlist stress control or resilience teams to monitor employees’ occupational safety, health, and psychological well being.
 - Establish rest and recuperation sites and encourage their use.
 - Provide behavioral health services, as requested.
- For families of responders:
 - Provide a checklist of necessary personal affairs documents that need to be assembled prior to departure. (e.g. benefits information, personal will, power of attorney)
 - Enlist employee assistance programs to provide family members with psychosocial support (e.g., family support groups, bereavement counseling, and courses on resilience, coping skills, and stress management).
 - Provide a suggestion box for input via e-mail or anonymous voice-mail with a toll-free number.
 - Continue to provide outreach to employees’ families to address ongoing psychological and social issues.
- Throughout the response, policies on personnel health and safety should be reviewed and revised, as needed.

3. Post-deployment/assignment

- Interview employees and family members (including children) to assess lessons learned that might be applied to future emergency response efforts.

- Provide ongoing access to post-emergency psychosocial support services for employees and their families (on-site or through partner organizations).
- Conduct an ongoing evaluation of the after-effects of the pandemic on employees' health, morale, and productivity.